



## Legislative Bulletin.....March 28, 2007

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H.R. 1538 - Wounded Warrior Assistance Act of 2007

### Summary of the Bills Under Consideration Today:

**Total Number of New Government Programs:** 0

**Total Cost of Discretionary Authorizations:** likely billions (see Cost section below)

**Effect on Revenue:** \$0

**Total Change in Mandatory Spending:** \$0

**Total New State & Local Government Mandates:** 0

**Total New Private Sector Mandates:** 0

**Number of Bills Without Committee Reports:** 0

**Number of Reported Bills that Don't Cite Specific Clauses of Constitutional Authority:** 1

### H.R. 1538 - Wounded Warrior Assistance Act of 2007 (*Skelton, D-MO*)

**Order of Business:** H.R. 1538 is expected to be considered on Wednesday, March 28, 2007, subject to a rule. Details of the rule are not currently available.

**Summary:** H.R. 1538 makes a number of changes to current law regarding the medical care provided to soldiers that have been hurt during their service in the U.S. Armed Forces. The specific provisions of the bill are summarized below.

H.R. 1538 would provide individuals in outpatient status at a military medical treatment facility with a medical care case manager, whose duties include ensuring that the soldier and

his family understand the patient's medical condition, assisting in the receiving of prescribed medical care, and conducting a weekly review of the patient's medical status. The bill would direct DoD to establish a standard training program for medical care case managers, who would be required to complete this training before assuming those duties. In addition, the bill provides that outpatient individuals may also be assigned a service member advocate, whose duties include communicating with the patient and their family, assisting with the oversight of the patient's quality of life, and assisting with resolving financial, administrative, and personnel matters. DoD is also directed to establish a standard training program for service member advocates, who must complete this training before assuming these duties.

H.R. 1538 would direct DoD to establish a toll-free telephone number ("hot line") for individuals to report deficiencies in medical-related support facilities. Matters reported to the hot line are to be addressed by the DoD within 96 hours (four days). If DoD determines, based upon a call to the hot line, that the conditions at a medical facility violate health and safety standards, the Secretary is directed to relocate the occupants of the facility, while the violations are corrected.

The legislation would require DoD to notify (with consent of the family) certain Members of Congress (Senators and Members from that state and district) of the hospitalization of any member of the armed forces who is evacuated from a theater of combat.

H.R. 1538 would limit to 20, the number of medical cases that may be assigned to each physical evaluation board liaison officer. The bill also directs DoD to establish a standardized training program and curriculum for physical evaluation board liaison officers.

The bill directs DoD to establish a standardized training program for those involved in the disability evaluation system, which is the process for evaluating the nature of and extend of disabilities affecting members of the armed forces.

H.R. 1538 would establish a new, one-year pilot program at an "appropriate active duty base with a major medical facility based on the Wounded Warrior Regiment program of the Marine Corps, to be known as the ArmeY Wounded Warrior Battalion. The program would track and assist members of the armed forces in an outpatient status that are still in need of medical treatment through their course of treatment, medical evaluation boards, their transition back to the parents, and medical retirement and transition into the Department of Veterans Affairs' (VA) medical system." In addition, the bill would require the establishment of a single medical information system to be used by both the VA and the DoD.

H.R. 1538 would require DoD to ensure that each member of the armed forces who must retire from the forces because of injuries, has a written plan in place outlining their transition to the VA medical system.

The bill would establish at the U.S. Treasury, the Department of Defense Medical Support Fund, which is to be used to support programs and activates relating to the medical treatment and care of wounded and injured soldiers. **The bill authorizes \$50 million for the fund to**

be appropriated from “an emergency supplemental appropriation for fiscal year 2007 or 2008.”

H.R. 1538 would establish the Oversight Board for Wounded Warriors, which would advise the DoD and House and Senate Committees on Armed Services on the process for correcting and improving the ratios of case managers and service member advocates to recovering service members, among other matters.

H.R. 1538 would require that military housing facilities occupied by recovering service members are to be inspected on a semi-annual basis for the first two years after enactment and annually thereafter.

The bill requires a number of evaluative reports, one of which would require DoD to study what types of additional support services should be provided to families of recovering service members, **including provision of medical care at military facilities, provision of job placement services, and provision of meals without charge at military medical facilities.**

H.R. 1538 would prohibit the initiation or announcement of a competition under Office of Management and Budget Circular A-76 relating to the possible conversion to performance of functions at a Department of Defense military medical facility by a private contractor. According to CRS, Circular A-76 is “a policy statement, a requirement for agencies to submit inventories of their commercial activities to OMB, and guidance for determining who -- government agency or private business -- will perform commercial activities.” **Some conservatives may be concerned that this provision would prohibit future competition and potential cost savings in DoD medical facility operations that could be performed by private contractors.**

**Earmark Compliance:** According to Committee Report 110-68, the “H.R. 1538 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(t) of rule XXI.”

**Committee Action:** H.R. 1538 was introduced on March 15, 2007, and referred the House Committees on Armed Services and Veterans Affairs. The Armed Services Committee considered it, held a mark-up, and reported the bill as amended, by a vote of 59-0, on March 20, 2007. the Veterans Affairs Committee also considered it and reported it to the full House on March 23, 2007.

**Cost to Taxpayer:** According to CBO, “The principal budgetary impact of H.R. 1538 would be discretionary costs for developing and implementing a single medical information system for DoD and VA. Such a system **could potentially cost billions of dollars**, but CBO does not have sufficient information at this time to complete an estimate of those costs. Ultimately, the cost of such a new system would depend on how the two departments choose to implement the bill’s requirements and would be subject to appropriation of the necessary amounts” (emphasis added).

CBO estimates that implementing the remaining provisions of H.R. 1538 would authorize \$100 million in FY 2008, and \$315 million over the FY 2008- FY 2012 period.

**Does the Bill Expand the Size and Scope of the Federal Government?:** Yes. The bill requires the creation of a new medical information system, and would create a new fund in the Treasury to pay for programs related to medical treatment of wounded soldiers.

**Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?:** No.

**Administration Position:** According to a Statement of Administration Position (SAP), the Administration “believes that this legislation is premature.” The Administration would prefer that Congress wait to act on this legislation until the Commission on Care for America’s Returning Wounded Warriors and the Task Force on Returning Global War on Terror Heroes to release its recommendations. In addition, the SAP outlines some concerns regarding the Circular A-76 provisions, stating that “H.R. 1538 raises some concerns, including an objectionable provision that would impose a broad one-year moratorium on the initiation of new public-private competitions involving any function at any military medical facility. ...Numerous Administration reports provided to Congress on competitive sourcing issued over the past several years have documented the significant savings and improved management practices that have been achieved by the responsible use of public-private competition. For example, competitions completed over the last four years are expected to generate more than \$6 billion in savings over the next 10 years.”

**Constitutional Authority:** Committee Report 110-68 cites constitutional authority in Article 1, Section 8 of the Constitution, but fails to cite a specific clause.

House Rule XIII, Section 3(d)(1), requires that all committee reports contain “a statement citing the specific powers granted to Congress in the Constitution to enact the law proposed by the bill or joint resolution” [emphasis added].

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